

Memorial Hospital Lafayette County 'MHLC'  
Wednesday, June 19, 2013  
MHLC Conference Room  
Minutes from Monthly MHLC Committee Meeting

**Present:** MHLC Chairperson Bill Moody- County Supervisors Bob Boyle, Ron Niemann, Connie Hull, Medical Director Matt Solverson; CEO Julie Chikowski; CFO Marie Wamsley; DON Kathy Ruef; Accounts Manager Deb Krahenbuhl; Baker Tilly Virchow Krause: Carla Gogin and Carol Maher; County Finance Director, Nicola Maurer; Maintenance Manager, Mr. Jim Pahnke.

**I. Call to Order**

Chair Moody called the meeting to order at 8:00 am.

**II. Posting**

Chair Moody asked if the meeting had been properly posted. CEO, Ms. Chikowski and CFO Ms. Wamsley reported that the meeting had been posted with notices at the Hospital, Health Department, Court House, County Website, and sent to the local Media. Chair Moody declared the meeting to be legal.

**III. Approval of Agenda - Discussion and possible action requested**

Chair Moody presented the agenda and inquired if there were any changes. Ms. Chikowski stated there were no changes. Mr. Niemann made a motion, seconded by Mr. Wilson to approve the agenda as presented. Voice Vote, Motion passed unanimously.

**IV. Minutes – Discussion and possible action requested**

Ms. Boyle made a motion and seconded by Mr. Wilson to approve minutes from the May 22, 2013 Memorial Hospital of Lafayette County Hospital board meeting as presented. General discussions, Voice Vote, motion passed unanimously with the changes noted.

**V. Financial Report:**

1. Presentation of 2012 Preliminary Audit: Baker Tilly Virchow Krause: Carla Gogin and Carol Maher shared highlights from 2012 and addressed questions. The hospital had a good year this year – net revenue was up by about \$1.3 million due to increase in volume. Cash has drastically increased by about \$1,000,000 this year. In 2011 the Hospital had an amount due to other funds, which was due to the County a cash deficit of \$600,000. Note fact that due to increase in volume – the cost per day decreased – as a result in 2012 there is a \$465,000 payable to Medicare. Volumes increased – cost per day went down, volumes went up and that is why there is a payable to Medicare. Ms. Wamsley explained that the Hospital was aware of this and she booked additional allowances for this. Interim Cost Report was discussed and if there was an advantage to continue to do it. It was decided that it was essential to continue this as appropriate. The cost of doing one is about \$1,500. If volumes continue to change as much as they did this year the internum cost report would give a good estimation on the amount due to or due from Medicare. The Ms. Maher mentioned a note on revenues: this year the Hospital settled up with Wisconsin Medicaid and received approximately \$450,000 during 2012, which included 06, 07 & 08 and previously had a receivable booked for \$200,000. About 250,000 that was recognized as revenues that the Hospital will not likely see in future years. Electronic health records received a significant portion of the amount up front so as the next couple years go by that amount will decrease. Ms. Gogin – stated that it was appropriate how the hospital

## Memorial Hospital Lafayette County 'MHLC'

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## Minutes from Monthly MHLC Committee Meeting

recognized the Medicaid receivable. Deficient cash \$605,000 in 2011; then cash increased to \$1,076,718, so, approximate increase in cash \$1,700,000. Dr. Solverson – inquired about the transfer to General Fund. It was noted that there has been approximately \$2 million transferred to the County General Fund over the past 8 years. Mr. Niemann said that now the amount to be transferred is set at 1.5% of gross revenue – this is a fixed amount now. And, then they would evaluate from year to year to make sure it was appropriate. Ms. Gogin noted that they presented comparative financials starting in 2012 due to audit started in 2011.

Financial Ratios were presented. Days Cash on Hand – increased to 33 days in 2012. Should consider setting a benchmark, for example 50 days. Solverson – what is advantage of having that much cash on hand? Ms. Maher – for investments & capital purchases. Net Days in A/R – 52 days. Avg Payment Period – 44 days. Operating Margin – increased. Good compared to Peer Group. Return on Equity – increased. Avg Age of Property & Equip – slightly higher than peer group but comparable. Internal borrowing – nothing significant in internal controls. It was noted that good progress has been made. Solverson – Avg Capital purchases of other CAHS. – they did not have any data related to this. Recommend to definitely look at the Capital Budget – Ms. Chikowski noted the Hospital does have a 5 year capital budget. The goal and desire is to have the hospital continue to stand on its own. General obligation debt will be paid off in 2015 – 2 years from now. Capital Leases – shows up as an obligation – look ahead at Capital Improvements – have flexibility on how to finance projects.

It was also noted that currently Critical Access Hospitals are reimbursed on a cost basis which is very beneficial.

The hospital is trending in the right direction.

**2. CFO Wamsley presented the financial reports with the following highlights:**

**Exhibit 5 – Income statement/Departmental Income Statement** – In discussion with the finance department, everything has been posted for April expenses, including the prepaid insurance and payroll accruals. Total Inpatient Revenue is up for the month of April as compared to 2012, this makes the year to date comparable to 2012 and slightly higher than budget. Total Operating Room Revenue is showing a very good increase in the month of April, 2013 and it is expected this will continue to increase. Therapy and Rehab is also showing increases for the month of April. Radiology and Lab are down on the inpatient side but have shown good increases on the outpatient side. The Emergency Room continues to see revenue increases into April. April is showing a \$234,210 YTD profit after the transfer of \$104,336 to the County General Fund. Year to date Operating Margin percentage is approximately 4.776%. Ms. Chikowski noted that an updated 2013 budget will be coming when we present the 2014 budget, as well.

**Wages & Fringes** – May year to date is showing that the Wages and Fringes are over budget by \$18,159, giving an annualized over budget of approximately \$43,582, however some of this is due to a couple unexpected retirement payouts in the first part of the year, which totaled

## EXHIBIT 1

Memorial Hospital Lafayette County 'MHLC'

Wednesday, June 19, 2013

MHLC Conference Room

Minutes from Monthly MHLC Committee Meeting

approximately \$75,000, which was all expensed in the first part of the year. So, this should even out throughout the year. It was noted that the Hospital Board would like to look at FTEs each month, as well. Ms. Chikowski stated she will have Jody incorporate this into the OT Report.

Exhibit 4 – **Balance Sheet** – Cash as of April 30, 2013 is showing \$1,365,916. The Accounts Receivable balance, as of April 30, 2013 is at \$2,947,758. Long Term Debt is down to \$278,418. Ms. Wamsley also noted that she has increased the calculations to allow for the Sequestration and the 1% decrease from Medicare.

Exhibit 3 – **Aged Accounts Receivable** - The net days outstanding in accounts receivable is 48.05 days, with 62.54% of accounts receivable being in the 0-30 days outstanding, and 15.63 in the 31-60 days. Currently for the month of April \$445,192 is greater than 90 days old, which is down by \$43,673 from the previous month.

Mr. Wilson made a motion and seconded by Mr. Boyle to accept the Financial Report as presented – Other General Discussions - Voice Vote, Motion Passed Unanimously.

3. **Utilization Report: Report Only** - Acute Inpatient Days are up compared to 2012. Great increases in revenue. Surgical cases are up. Rehab dept. down, medical outpatients procedures were down compared to 2012. ER and Urgent care are stable with 2012.

Mr. Boyle made a motion and seconded by Mr. Wilson to approve financials, Voice Vote, motion passed.

### VI. Personnel – discussion and possible action requested.

#### 1. Staff Updates:

- Kathy Ruef reported that 2 new RN's were hired & 2 PRN CNAs – they are more consistent in volumes in ER and Swing-bed. Mr. Wilson asked if they were within service area – Ms. Ruef stated they were. Ms. Hull asked if they were new grads – one is a new grad and one has experience. Ms. Wamsley has a PT housekeeper 6 – 8:30 p.m. position to be refilled. 2 Lab PRNs started, they were both students here and didn't require much orientation.

2. **May Overtime Report** – Ms. Chikowski handed out the Overtime Report for the month of May. Lab – will decrease in time now that they have PRN's hired and in place. Radiology – up due to call-ins. Dietary – down, OPC – orientation of new employee, OR – due to increased activity and call, RN's – 2 on medical leave and one RN was terminated, ER overtime is in line with last year - CNA's – medical leave, Nursing Admin – is down from last and are coming in July looking to salary as part of the next year's budget. Maintenance call ins. Overall Overtime is down about 230 hours YTD from last year so trending in the right direction. Everyone is being careful of their time.

3. **Pharmacy Recruitment:** Update: Job posting handed out for their review – currently budgeted for 2013 allows us to potentially work with \$129,000 to \$132,000. There have been six people interested in the Pharmacy position. Only one of these is a new graduate.

Memorial Hospital Lafayette County 'MHLC'  
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Minutes from Monthly MHLC Committee Meeting

The Pharmacist from Upland Hills is contracted to help with the after-hours pharmacy needs. Currently the Pharmacist is covering 8am – 2:30pm. We are looking to have full time coverage. Motion by Mr. Wilson to approve up to \$47/hour with benefits or to be contracted for a total not to exceed \$131,000, and seconded by Mr. Boyle, voice vote, motion passed.

4. **Therapy Department/PTA Position:** Ms. Chikowski presented a new position for a Physical Therapy Assistant at 40 hours/week. The Human Resource Committee and the Full County Board has approved the hire of the new Physical Therapy Assistant pending approval from the Hospital Board. Motion by Mr. Niemann, seconded by Mr. Wilson to approve the hire of a Physical Therapy Assistant – voice vote, motion passed. Ms. Chikowski noted that eventually they will be looking at hiring a Certified Occupational Therapy Assistant, as well.

**VII. Medical Staff Report – Discussion and possible action**

1. Appointments for approval were presented. The appointments have all been approved by Medical Staff: Brenton Jenkins, Barbara Hostetler, Ramses Masis, Gregory Keeling & Jeffrey Klein. Motion was made by Mr. Niemann, seconded by Mr. Boyle to approve the appointments as presented per recommendation of the Medical Staff, voice vote, motion passed.

**VIII. Management Report – discussion and possible action**

**1. New Business:**

- a. **IT Request:** Ms. Wamsley gave an update on the Tablets for the Rehab Department, stating that the original approval and purchase for the cheaper tablets did not work out. It was difficult to see the screens and the IT staff were unable to increase the size to see it. Ms. Wamsley stated she had the IT staff to review other options and they recommended the iPads. Per conversation with Mr. Moody it was ok to purchase what the IT recommendation was, which was the iPads. Total purchase of the refurbished iPads was \$319 each, total \$638, which is still under budget which was \$800. The iPads will have protective covers and will be locked to avoid theft. This was for information only.

**2. Old Business:**

- a. **Generator:** Mr. Pahnke has talked to PDC and Tiescher Electric and they have put together a bid for what is needed to have all the hospital on a generator. This would be similar to the current Generator. This new generator would allow for full service throughout the hospital and there is room for growth on the newer generator. Cost is estimated at \$111,500.20. Because the cost estimate is over \$50,000 it will need to be sent out for bids. Concerns brought up that Dialysis is not currently on the newer of the two Generators that are onsite now and the old generator is not working. Ms. Ruef voiced concern that because the Dialysis is not on a working Generator, the Hospital Board will need to look at replacing the generator soon. To make the Generator quoted a "closed transition transfer switch" the cost would be \$21,000. Mr. Niemann noted that the Hospital will need to have someone come in

## EXHIBIT 1

Memorial Hospital Lafayette County 'MHLC'  
Wednesday, June 19, 2013  
MHLC Conference Room

### Minutes from Monthly MHLC Committee Meeting

and look at what all needs to be serviced and what is needed. Mr. Pahnke will go back & assess and send out for additional bids. Ms. Chikowski and Ms. Wamsley will review the budget to see if things could be moved to next year to allow this purchase in 2013, since there is a need.

Note: Mr. Wilson had to leave the meeting.

- b. **Dept. Moves Update:** Ms. Chikowski noted that things continue to move forward for the moving of departments to open space for expansion of the Outpatient Clinic. The IT Department is looking at switching IT over in July at the Manor. Medical The Medical Records Department has been working diligently on purging files. Temporarily to allow more work space for the Physicians, the OB Manager's office was opened up to allow Physicians to use this space and she moved in with the other Nurse Managers. They are looking at long-term plans for more space for the Physicians.
- c. **OB Recruitment:** Ms. Hull had a meeting with Southwest Health Center of Platteville regarding their OB/GYN, and they would like to see how things go before they look at sharing time. The new OB/GYN that will be starting at Platteville in October. They are also hiring a new Orthopedic Surgeon who will be starting soon, as well. The Platteville CEO would like to allow the new Orthopedic Surgeon an opportunity to get established. MHLC is hoping to have a relationship with Southwest Health Center to share some time with these Physicians, Ms. Chikowski will be getting in contact with him to discuss a future relationship.

**IX. Audit of Bills** - The bills were presented for approval.

Mr. Niemann made a motion and seconded by Mr. Boyle to approve the Audit of Bills as presented.

General Discussion - Voice Vote Motion Passed Unanimously

**XI Next Meeting** – Chair Moody set the next meeting date.

**Next Hospital Board Meeting set for**  
**July 24, 2013 at 10:00 am**  
**MHLC Conference Room**

**XII Adjournment** – Mr. Boyle made a motion and seconded by Mr. Niemann to adjourn the meeting at approximately 10:09am. Voice Vote Motion Passed Unanimously

### Focus Statement

"Caring... Quality... Life... We take it Personally."

Memorial Hospital of Lafayette County  
Balance Sheet  
For Period Ended June 30, 2013

**EXHIBIT 4**

2 Months Prior	1 Month Prior		PRIOR YEAR	CURRENT YEAR
<b>ASSETS</b>				
<b>CURRENT ASSETS</b>				
1,365,916	889,124	CASH AND CASH EQUIVALENTS	360,581	966,967
2,947,758	2,644,103	ACCOUNTS RECEIVABLE	3,096,694	2,754,277
(884,426)	(946,511)	RESERVE FOR DOUBTFUL ACCOUNTS	(1,130,593)	(1,001,647)
-	-	DUE FROM OTHER GOVT-STATE	-	-
-	-	ADVANCES TO CGS	-	-
404,078	403,191	INVENTORY	386,431	383,811
216,207	214,807	PREPAID EXPENSE	174,588	207,340
<b>4,049,533</b>	<b>3,204,714</b>	<b>TOTAL CURRENT ASSETS</b>	<b>2,887,701</b>	<b>3,310,748</b>
<b>RESTRICTED ASSETS</b>				
-	-	DEBT SERVICE PREPAYMENT	-	-
-	-	VOLUNTEER CONTRIBUTION	-	-
-	-	VOLUNTEER OFF-SET	-	-
<b>CAPITAL ASSETS</b>				
10,700,369	10,721,486	PROPERTY, PLANT & EQUIPMENT	10,560,332	10,735,929
(6,510,754)	(6,557,652)	LESS: ACCUMULATED DEPRECIATION	(6,154,526)	(6,593,627)
<b>4,189,616</b>	<b>4,163,833</b>	<b>NET CAPITAL ASSETS</b>	<b>4,405,806</b>	<b>4,142,301</b>
<b>8,239,148</b>	<b>7,368,547</b>	<b>TOTAL ASSETS</b>	<b>7,293,506</b>	<b>7,453,049</b>
<b>CURRENT LIABILITIES</b>				
418,045	298,477	ACCOUNTS PAYABLE	371,099	177,143
226,786	228,726	CURRENT PORTION OF LONG TERM DEBT	349,274	226,479
192,332	82,700	ACCRUED SALARIES AND PAYROLL	79,139	83,703
262,190	252,079	ACCRUED VACATION	233,735	238,827
60,949	47,377	RETIREE CURRENT VESTED BENEFIT	24,054	41,084
-	-	ACCRUED INTEREST	-	-
-	-	DEFERRED REVENUE	-	-
250,000	-	DUE TO/(FROM) MEDICARE/MEDICAID	(348,089)	(58,384)
-	-	OTHER CURRENT LIABILITIES	-	-
<b>1,410,301</b>	<b>909,360</b>	<b>TOTAL CURRENT LIABILITIES</b>	<b>709,213</b>	<b>708,852</b>
<b>LONG TERM LIABILITIES</b>				
278,418	243,623	LONG TERM DEBT- '05 \$1M	463,143	236,206
-	-	DUE TO GENERAL FUND(remodel\$1.7)	-	-
424,425	428,848	VESTED BENEFITS-SICK LEAVE	496,377	432,810
<b>702,843</b>	<b>672,471</b>	<b>TOTAL LONG TERM LIABILITIES</b>	<b>959,519</b>	<b>669,016</b>
<b>FUND EQUITY</b>				
4,315,275	4,323,401	DESIGNATED RESERVES	4,329,093	4,289,906
1,699,210	1,351,796	UNDESIGNATED RESERVES	1,184,163	1,517,252
111,518	111,518	CONTRIBUTED CAPITAL	111,518	111,518
-	-	RESTRICTED RESERVES-DEBT SERVICE	-	-
<b>8,239,148</b>	<b>7,368,547</b>	<b>TOTAL LIABILITIES AND FUND EQUITY</b>	<b>7,293,506</b>	<b>7,296,544</b>

## For Period Ended June 30, 2013

11030303 and 11030303 are the new old documents that have been used for 102 months. Financial statements 1201 3105 June

JUNE 30, 2013

# Profit and Loss Statement

## Unaudited

# Income Statement

For Period Ended June 30, 2013

6/30/2013	6/30/2012	% Chg PR YR	Budget	% Chg Budget	YTD 2013	YTD 2012	% Chg	YTD Budget
<b>Expenses</b>								
<b>Clinical Expenses</b>								
\$ 108,249	\$ 120,314	-10.0%	\$ 114,550	-5.5%	\$ 635,664	\$ 691,805	-8.1%	\$ 691,118
\$ 17,749	\$ 26,383	-32.7%	\$ 26,668	-33.4%	\$ 96,757	\$ 146,040	-34.4%	\$ 160,898
\$ 102,642	\$ 120,643	-14.9%	\$ 101,290	1.3%	\$ 606,296	\$ 607,643	-0.2%	\$ 611,119
\$ 165,924	\$ 179,742	-7.7%	\$ 160,329	3.5%	\$ 968,093	\$ 741,544	30.6%	\$ 967,318
\$ 21,815	\$ 25,990	-16.1%	\$ 24,591	-11.3%	\$ 148,909	\$ 155,168	-4.0%	\$ 148,368
\$ 8,856	\$ 125,869	-93.0%	\$ 99,586	-91.1%	\$ 550,861	\$ 609,932	-9.7%	\$ 600,833
\$ 64,894	\$ 58,032	11.8%	\$ 72,910	-11.0%	\$ 415,283	\$ 424,798	-2.2%	\$ 438,891
\$ 73,469	\$ 96,693	-24.0%	\$ 111,114	-33.9%	\$ 582,767	\$ 645,771	-9.8%	\$ 670,390
\$ 35,805	\$ 34,568	3.6%	\$ 31,031	15.4%	\$ 202,337	\$ 180,281	12.2%	\$ 187,220
\$ 599,403	\$ 788,234	-24.0%	\$ 742,070	-19.2%	\$ 4,205,986	\$ 4,202,982	0.1%	\$ 4,477,154
<b>Total Clinical Expenses</b>								
<b>Ancillary Services</b>								
\$ 80,955	\$ 90,810	-10.9%	\$ 85,206	-5.0%	\$ 519,433	\$ 491,958	5.6%	\$ 514,076
\$ 151,699	\$ 160,906	-5.7%	\$ 176,113	-13.9%	\$ 1,100,765	\$ 1,120,015	-1.7%	\$ 1,062,548
\$ 47,332	\$ 44,192	7.1%	\$ 44,795	5.7%	\$ 250,724	\$ 270,108	-7.2%	\$ 270,260
\$ 961	\$ 2,310	-58.4%	\$ 2,419	-60.3%	\$ 9,236	\$ 14,288	-35.4%	\$ 14,595
\$ 280,947	\$ 298,217	-5.8%	\$ 308,532	-8.9%	\$ 1,880,158	\$ 1,896,368	-0.9%	\$ 1,861,479
\$ 860,350	\$ 1,086,451	-19.0%	\$ 1,050,602	-16.2%	\$ 6,086,144	\$ 6,099,350	-0.2%	\$ 6,338,633
<b>Total Ancillary Services</b>								
<b>Total Expenses</b>								
\$ 340,249	\$ 122,696	177.3%	\$ 103,648	228.3%	\$ 629,323	\$ 664,200	-5.3%	\$ 625,342
<b>Income/ (Loss) from Services Performed</b>								

June 30, 2013

## Profit and Loss Statement

### Unaudited



# Income Statement

For Period Ended June 30, 2013

6/30/2013	6/30/2012	% Chg PR YR	Budget	% Chg Budget	YTD 2013	YTD 2012	% Chg	YTD Budget
<b>Revenue</b>								
<b>Inpatient Revenue</b>								
\$ 177,104	\$ 147,152	20.4%	\$ 160,034	10.7%	\$ 1,014,486	\$ 929,709	9.1%	\$ 965,538
\$ 14,301	\$ 28,875	-50.5%	\$ 25,229	-43.3%	\$ 93,918	\$ 142,035	-33.9%	\$ 152,214
\$ 3,746	\$ 10,522	-63.7%	\$ 11,668	-67.9%	\$ 55,690	\$ 67,562	-17.6%	\$ 70,397
\$ 6,739	\$ 73,185	-90.8%	\$ 36,820	-81.7%	\$ 290,656	\$ 503,663	-42.3%	\$ 222,148
\$ 49,316	\$ 66,160	-25.5%	\$ 57,673	-14.5%	\$ 317,903	\$ 328,728	-3.3%	\$ 347,989
\$ 27,100	\$ 11,018	146.0%	\$ 27,715	-2.2%	\$ 123,360	\$ 154,514	-20.2%	\$ 167,214
\$ 27,592	\$ 36,418	-24.2%	\$ 49,456	-44.2%	\$ 191,442	\$ 191,782	-0.2%	\$ 298,385
\$ 48,252	\$ 70,142	-31.2%	\$ 62,714	-23.1%	\$ 332,501	\$ 346,828	-4.1%	\$ 378,376
\$ 354,151	\$ 443,270	-20.1%	\$ 431,309	-17.9%	\$ 2,419,955	\$ 2,664,820	-9.2%	\$ 2,602,231
<b>Outpatient Revenue</b>								
\$ 71,419	\$ 45,178	58.1%	\$ 15,824	351.3%	\$ 482,055	\$ 250,310	92.6%	\$ 95,471
\$ 203,722	\$ 165,542	23.1%	\$ 233,130	-19.5%	\$ 1,135,743	\$ 1,169,838	-2.9%	\$ 1,527,218
\$ 311,311	\$ 288,843	8.5%	\$ 217,574	43.1%	\$ 1,633,339	\$ 1,137,867	43.5%	\$ 1,312,694
\$ 92,379	\$ 116,832	-20.9%	\$ 130,886	-28.4%	\$ 774,464	\$ 749,012	3.4%	\$ 789,576
\$ 312,650	\$ 369,559	-15.4%	\$ 335,146	-6.7%	\$ 2,040,573	\$ 1,950,745	4.6%	\$ 2,022,048
\$ 155,459	\$ 193,310	-19.6%	\$ 178,949	-13.1%	\$ 898,124	\$ 1,088,608	-17.5%	\$ 1,079,660
\$ 91,377	\$ 92,690	-1.4%	\$ 96,126	-4.9%	\$ 592,965	\$ 573,303	3.4%	\$ 579,963
\$ 64,684	\$ 56,645	14.2%	\$ 52,877	22.3%	\$ 312,435	\$ 315,363	-0.9%	\$ 319,027
\$ 1,393,000	\$ 1,326,598	-1.8%	\$ 1,280,512	1.8%	\$ 7,869,697	\$ 7,235,047	8.8%	\$ 7,725,758
\$ 1,657,151	\$ 1,769,868	-6.4%	\$ 1,711,821	-3.2%	\$ 10,289,652	\$ 9,899,867	3.9%	\$ 10,327,989
<b>Allowances</b>								
\$ (110,389)	\$ (155,702)	-29.1%	\$ (165,232)	-33.2%	\$ (1,115,036)	\$ (858,642)	28.9%	\$ (996,897)
\$ (132,352)	\$ (117,682)	12.5%	\$ (114,443)	15.6%	\$ (797,010)	\$ (696,196)	14.5%	\$ (690,474)
\$ (24,772)	\$ (17,414)	42.2%	\$ 14,388	-272.2%	\$ (282,204)	\$ (115,289)	144.8%	\$ 86,806
\$ (92,439)	\$ (143,507)	-35.6%	\$ (106,359)	-13.1%	\$ (604,682)	\$ (595,026)	1.6%	\$ (641,701)
\$ (76,601)	\$ (126,414)	-39.4%	\$ (185,925)	-58.8%	\$ (775,252)	\$ (871,163)	-11.0%	\$ (1,121,747)
\$ (436,552)	\$ (560,720)	-22.1%	\$ (567,571)	-21.7%	\$ (3,574,185)	\$ (3,136,316)	14.0%	\$ (3,364,014)
\$ 1,220,599	\$ 1,209,148	0.9%	\$ 1,154,250	5.7%	\$ 6,715,467	\$ 6,763,551	-0.7%	\$ 6,963,975
<b>Net Revenue from Services</b>								
\$ 1,220,599	\$ 1,209,148	0.9%	\$ 1,154,250	5.7%	\$ 6,715,467	\$ 6,763,551	-0.7%	\$ 6,963,975

## Profit and Loss Statement

### Unaudited

## For Period Ended 6-30-2013

**Witness's affidavit on Internal Revenue Manual Worksheet Q-2 Monthly Financial Statements 2013-2015 June  
June Income Statement**

7/23/2013  
2:25 PM